



# ANNUAL PROJECT REPORT

OCTOBER 2011 – SEPTEMBER 2012

## Enhancing Strategic Information (ESI) Project

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## KEY CLIENTS

PEPFAR United States Government (USG) Agencies, National Department of Health (NDoH), National Department of Social Development (DSD), North West Department of Health (NWDoH).

## ACTIVITIES

### DEPARTMENT OF HEALTH DIRECT TECHNICAL ASSISTANCE

The Enhancing Strategic Information project (ESI) continued with support for the national and provincial departments of health in FY2012. Focus was on enhancing data quality and use of data and as result improving audit readiness and service delivery. The process of capacitating the National Department of Health (NDoH) on M&E and to provide feedback reports to provinces on the data quality dimensions of timeliness and completeness was completed in November 2011 to June 2012. The first provincial feedback report presented at the June 2012 meeting of the National Health Information System of South Africa (NHISSA) committee was well received by national and provincial departments. The Data Quality pivot tables and the feedback process are in the final process of being institutionalized in the routine health information system. ESI supported the process of re-generating the DQ pivot tables for each province every quarter and provided telephonic support to District Health Information System (DHIS) users.

To support efforts to prepare for the Auditor General's audit of performance information, ESI presented an audit plan to the NDoH that was adopted by NHISSA. The auditing process was further supported by ESI through participation in audit readiness visits in Mpumalanga and East London. A critical finding in the previous national data quality assessments was the lack of Standard Operating Procedures (SOPs) for the District Health Management Information Systems (DHMIS) Policy. ESI led the process of compiling these SOPs since May 2012 until they were finalized and adopted by the NHISSA committee – the documents have now gone to print for distribution throughout the country. This is seen as a major contribution in preparations for audit of the department of health's performance in 2013 and future improvements in data quality. A technical paper produced by ESI on principles of zero reporting into the DHIS was also incorporated in the SOPs. ESI collaborated with NDoH in the process of reviewing the National Indicator Data Set (NIDS) and facilitated review meetings in the provinces and at national level. The NIDS has been finalized and is ready to be authorized by the Director General (DG) of Health. The Rapid Information Needs Assessment commissioned by the NDoH was completed and approved by the DG and has gone to print. The publication has been requested to be made available in every facility in the country. As a follow up, the NDoH has requested ESI to conduct a rapid assessment of disease surveillance systems in South Africa. This work will also contribute towards the development of the national Health Information Systems (HIS) strategy as well as a national Surveillance Strategy. The NDoH M&E team also gave ESI the opportunity to assist with facilitating combined feedback sessions on the rapid assessment and the DHMIS policy in the 9

provinces. ESI continues to be an active member of the national HIS Task Team responsible for development of the national HIS Strategy and the NHISSA committee. It is hoped that more attention can be paid to Geographic Information Systems as a Master Facility List is due to be signed by the DG after completion of the Health Facility assessments. This will go a long way to improving the accuracy of reporting and assist with better planning of facility-based interventions.

Due to the limited time available for ESI activities, Mpumalanga Province was the focus of capacity building efforts including technical support in analyzing the annual Client Satisfaction Survey for which a report will be produced. The province is further supported as part of the national audit readiness plan wherein ESI provides training and TA to all the districts. Baseline data quality status reports for the province and for each of the districts have been drafted and support visits are conducted to facilities to address identified challenges at data collection level. More information on the training interventions is available further in the report.

## **NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT DIRECT TECHNICAL ASSISTANCE**

During FY2012, ESI supported the Department of Social Development (DSD) efforts towards integrating the Monitoring & Evaluation component of all the programs within the Chief Directorate for HIV and AIDS. This included strong participation by ESI in the development of the National HIV and AIDS Prevention Strategy and working with UNAIDS in producing the results framework for the strategy. The strategy is currently undergoing internal DSD review and once approved, its monitoring framework will be incorporated into the enhanced Home Community Based Care (HCBC) M&E IT System.

Through ESI support, DSD also developed a Human Resources Development (HRD) plan for officials and DSD partners to highlight the skills and capacities necessary for the implementation of the integrated M&E plan for HIV and AIDS program monitoring. Two national workshops were facilitated by ESI with partners to review the findings of the M&E Systems assessment of partners and to determine priorities. These sessions culminated in the production of the HRD plan which was submitted to the Global Fund and funding of R2m was made available for the roll-out of this plan.

For the review of the National Action Plan (NAP) for OVC and development of the NAP 2012-2016, ESI facilitated a national workshop to determine M&E priorities for the plan. Currently ESI is working with UNICEF and UNAIDS to finalize the results framework for the NAP. In further support for M&E of OVC programs at the DSD, ESI developed a scope of work for the procurement of technical assistance towards producing a training manual on Data Quality, Data Analysis and Data use with the DSD. ESI developed the criteria for the selection of districts and sub-districts in which the initial roll-out of the training will commence and is currently developing criteria for selection of partners that DSD will select to roll-out this training.

Another major achievement has been the in-depth assessment of the DSD's HCBC M&E IT Reporting system which ESI funded and provided oversight for. The assessment was conducted by Soweto Care Systems and was completed on 31 March 2012. The recommendations in the assessment report pointed to a complete revamp of the system which is the direction that was accepted by the DSD. ESI was further requested to support DSD to develop the User Requirement Specification and a scope of work for the development of the system. The services of Aarix (Pty) Ltd was procured after a bidding processes managed by DSD, to undertake the system rebuild. The draft Functional and Technical Specifications have been completed and will be submitted to DSD at the end of October 2012. DSD's efforts to make the enhanced system interoperable was guided by the ISO 9001:2008 introduction training that was provided by ESI to increase awareness on alignment of data exchange standards as part of the development of the Partnership Information Management System (PIMS). DSD was also advised on technical specifications for spatial data for the new OVC M&E database and a data set was provided by ESI. A number of maps were also developed for the department.

### **PEPFAR DIRECT TECHNICAL ASSISTANCE**

In FY2012, development continued on the Partner Information Management System (PIMS) for PEPFAR South Africa reporting and analysis. The team working on PIMS had to be re-constituted after the sub-contractor, Khulisa Management Systems, withdrew from the project in April 2012. Transition of activities was achieved and the new project team spent their efforts catching up on outstanding deliverables. After capturing of the FY2011 PEPFAR APR was complete, the successful testing, launch and reporting for all quarters in FY2012, the expenditure analysis 2012 and a new Technical Assistance form were also successfully completed. Support on the PIMS was rendered telephonically and by email and Skype and Twitter accounts were created to expand the support provided. The collection of PIMS Partner and Project information, supply of ad hoc reports to CDC and USAID, and updating of PIMS data and data that was merged from the Datawarehouse and the Inventory was successfully completed by ESI. A Quality Management System was developed and implemented as part of ESI's standards-based approach to get PIMS to be ISO accredited. PIMS is now ISO accreditation ready as ESI procured the services of World Wide Industrial and Systems Engineers (WWISE) to document PIMS processes and procedures. This was an important development in making sure that the system met international standards and any contractor that was certified in using these standards would be able to continue to support the system with no break in services.

One of the new requests that were facilitated through PIMS were an expenditure survey of all PEPFAR partners which is part of a global survey being conducted OGAC and follow up to a pilot conducted in South Africa in FY2011. ESI successfully translated a cumbersome spreadsheet into an intuitive and easy to use interface for capturing this data. All other countries are using the spreadsheet for data capture which would then be imported by OGAC into the PROMIS database with considerable effort. Technical Assistance for the current version of PIMS (PIMS I) continued and the basic functionality of the new build of PIMS (PIMS II) is complete. This greatly improves the reporting functionality of PIMS to meet the needs of USG.

ESI continued to provide GIS support to assist USG with internal planning decisions and joint planning with SAG by creating ad hoc maps. The latest shape files were acquired by ESI from the South African Demarcation Board and geo-coding of facilities was updated which will improve the quality and relevance of maps.

## OTHER

In order to enhance data quality and use of data and strengthen sharing of information, ESI formed links with new partners and stakeholders. Liaison took place with the South to South (S2S) project on information exchange from the PEPFAR Inventory and a strategic alliance was formed with Health Systems Trust (HST) with regards to mapping of sites. ESI in collaboration with HST and the NDoH, contributed to the Health Information Systems chapter of the South Africa Health Review 2012 which is an annual publication. ESI also worked in conjunction with the HIV 911 Mapping project (HIVAN) managed by FPD through the University of KwaZulu-Natal, to provide all the maps for the 2012 HIV911 Directory of services for all 9 provinces in the country. The maps have been instrumental in informing the public about where HIV services can be located.

ESI is also involved in activities of organisations that promote data quality and monitoring and evaluation processes on a wider scale whilst building capacity within the project. These linkages are an indication of the trust that stakeholders have in the quality of work and contribution being made by ESI to the fields on data quality and use. As such, ESI led the development and completion of the first ever Data Quality Auditor Certification Standards through the South Africa Auditor and Certification Authority (SAATCA). After being approached by the Department of Performance Monitoring and Evaluation (DPME) in the Presidency to provide support to their M&E activities, negotiations have begun on developing a Memorandum of Understanding (MOU) to start with supporting M&E capacity building activities in the Eastern Cape Province through the Office of the Premier. ESI also completed a three year term of representation on the board of the South African Monitoring and Evaluation Association (SAMEA) and had another ESI staff member elected to the SAMEA board during September 2012 to continue supporting advocacy efforts for M&E in the country.

Finally, in collaboration with one of JSI's global projects, ESI successfully negotiated with NDoH to enable their hosting and participation in the first International Workshop on Guidelines for Data Management Standards in Routine Health Information Systems in May 2012 in Johannesburg. The workshop was organised by MEASURE Evaluation in collaboration with the NDoH and WHO.

## TRAINING

ESI's training approach in FY2012 continued to be focused on South African Government officials, mainly within the DoH and PEPFAR partners. The University of Pretoria extended CPD accreditation for 2012 for ESI's Evidence-Based Health Management (EBHM) course, Facilitation & Mentoring course and Introduction to M&E course. The sustainability of the courses provided by ESI was improved by involvement of partners. The Foundation for Professional Development (FPD) was capacitated to facilitate DHIS courses while Right To Care (RTC), another PEPFAR

partner, considers ESI workshops as essential in the development and promotion of their M&E staff in districts. Through a request from ANOVA, ESI presented at ANOVA's Data Quality workshop to their information management specialists. Training was also conducted on the PEPFAR Reporting System (PIMS) at the PEPFAR M&E Partner meeting for all partners that attended.

A total number of 1,454 participants attended ESI courses in FY2012 broken down as follows:

- \* Evidence-based Health Management (304)
- \* DHIS for Data Capturers (145)
- \* DHIS level 1 (529)
- \* DHIS level 2 (81)
- \* Monitoring and Evaluation (148)
- \* Mentoring and Facilitation (44)
- \* DHIS for NDoH (59)
- \* DQ Assessment Approaches (44)
- \* RDQA (100)

As a testament to the quality of ESI training interventions and the demand that there is there for these services, the SA Police Services (SAPS) requested support in building capacity in monitoring and evaluation skills and evidence based management for their Employee Wellness component. A number of these police officers were included in the EBHM, M&E and Facilitation & Mentoring workshops. All ESI courses are fully booked until end December 2012 and there is a waiting list for all the courses up until March 2013. ESI also piloted a new curriculum on standards-based data quality assessment approaches and presented this to SAMEA. This resulted in training requests from various government departments and private institutions including DPME, Department of Trade and Industry and Department of Water Affairs – these have all been deferred until the project continuation beyond January 2013 has been determined. In FY2012, support continued towards the University of Pretoria on M&E programs that are presented in collaboration with MEASURE Evaluation in the areas of data quality, GIS, strategic information and OVC M&E. Training on GIS was also provided for the first time to USG Activity Managers to aid them in using maps to support their decision making and was very well received.

## CONFERENCES AND PUBLICATIONS

ESI chaired a session for NDoH Core Quality Standards Indicator Development and compiled a session report. The 2012 South African Health Review: Health Information Systems in South Africa chapter was co-authored with Thulani Masilela (NDoH), Rene English (HST) and Peter Barron (NDoH). Two abstracts were accepted and presented at the International AIDS Conference 2012 on standards-based data quality management in low resource settings and the PEPFAR South Africa Inventory. A presentation was also made to the USAID Mini University 2012 on Appropriate Web GIS for Public Health Mapping in a resource constrained setting. As part of the closeout process for the project which is due to end in early 2013, ESI hosted a strategic review conference in September 2012. This was attended by USAID, JSI, DoH, DSD, DPME, the Department of Public Service Administration (DPSA) and PEPFAR partners who have engaged with ESI since

2008. The PEPFAR Coordinator officially opened the conference. Lessons learnt on interventions were shared by key clients including the strategic information model developed with the North West Province DoH, capacity building and support of DSD, and data quality improvement approaches to strengthen the DHIS. These approaches were lauded by attendees.

## **CRITICAL ELEMENTS CONTRIBUTING TO ACHIEVEMENTS/SUCCESSSES**

The relationships that have been forged and strengthened by ESI with DoH and DSD at all levels remain a key factor in the success of interventions. These excellent relations are also evident with other clients and service providers as illustrated in the support during the transition period for PIMS from a sub-contractor. Strong internal focus, commitment and leadership ensured cohesion during a very trying time and set the tone for introducing efficiencies in implementation that led to a 4-month no cost extension of the project. The ability to deliver on well-defined and negotiated work plans and the quality of technical support strengthened ESI's reputation and the demand for support is ever increasing from SAG and partners. The extension of the project also allowed more time to ensure the quality of deliverables while meeting the objectives set in the work plans.

Positive change in attitudes towards monitoring and evaluation and positive responses to M&E assessments acted as catalysts to support efforts to improve these processes and the support of international development partners e.g. Global Fund supporting DSD's M&E efforts. There has been an increase in the sharing of information between partners and SAG and other stakeholders that enhances monitoring, evaluation and reporting systems. This was enabled through leveraging partnerships and strategic networks. The increased turnaround time, commitment and involvement of USAID in the strategic information arena through invaluable leadership and management by the project's COTR is encouraging and regular Change Control meetings for the PIMS development helped guide strategic direction for PIMS. The core values of the project around Quality, Accountability, Innovation, Integrity and Teamwork are forming the basis of all interventions.

## **CHALLENGES**

Changes in senior management cadre in DSD and lack of internal funding for and insight into the value of M&E had a negative impact on efforts to strengthen M&E systems. Uncertainty about the future of the project, short term contracts and month-to-month work plans cause tension in working with the SAG whose plans are long term – the SAG values partnerships with organizations that they can jointly plan with ideally for the life of the Partnership Framework Implementation Plan (2012-2017). This limits the ability to attract staff with all the necessary skills since highly skilled staff are challenging to recruit for short term contracts.

Concerns were also identified about the capacity at NDoH to fully take on the responsibilities for the technical deliverables of the project, e.g. the DQ pivot tables. Delays by the SAG in meeting deadlines and numerous feedback sessions negatively impact on ESI's ability to meet timeframes set out in work plans e.g. SOPs, Rapid Resource Assessment workshops and the intervention in

Mpumalanga province. This also affected working with consultants since set terms of reference and strict timelines cannot be reconciled with these delays. Movement in USAID management support resulted in gaps in institutional knowledge especially during the project's End-of-term evaluation in May 2012. The opportunity to truly gain knowledge about what works well and what should be continued from an evaluation of the interventions that have been made through this highly complex regional SI project was missed due to the high turnover. Inconsistency in representation of key people in Change Control meetings also hampers decision making and execution.

The merging of data from the legacy systems and importing it into PIMS I and then into PIMS II created many challenges. Current demands for maintenance, testing and support had to be balanced with responsibilities regarding development, quality assurance and testing of the second build of PIMS. Several requests for new unplanned modules to be built into PIMS I took away from time needed to effectively develop PIMS II. It was necessary to move outside the agreed upon scope of work to be able to meet additional requirements of PIMS, e.g. the expenditure analysis, Technical Assistance narratives and APR template to ensure that unanticipated OGAC requirements were met. More support is required from partners in notifying PIMS Administrators and ESI of changes in implementation that affect the data to be captured.

The biggest challenge in GIS continues to be a lack of a national master facility list. Data required for maps needed constant rework to reconcile the many different lists from which maps were requested to be produced. Some old lists are not aligned to the new district or sub-district boundaries, prevalence and population data are either outdated or are estimates and frequently not available. These challenges caused delays in producing maps and affected the quality of and usability of the maps. The lack of movement in the DoH GIS unit remains a source of concern and it is anticipated that the signing of collaboration framework by SAG and USG around issues of data can bring some of these issues into the limelight.

## INDICATOR ACHIEVEMENTS

CAPACITY BUILDING – HEALTH M&E		
Indicator	Targets	Achievements
<b>Training, mentoring and support for DoH RHIS needs</b>		
No of course training material updated at end March 2012	All	All training material updated March 2012
Number of ESI workshops facilitated by ESI facilitators	24 courses	25 courses facilitated (1 CB coordinator appointed in June)
Number of DoH and Partner staff trained in ESI courses	480 participants	461 participants attended
Number of partners facilitating ESI courses as part of CB network	3 partners by EOP	FPD facilitates DHIS courses on its own
Number of partner staff who attended ESI Facilitation and Mentoring workshop	12 participants (1 workshop per quarter)	18 participants from PEPFAR partners attended
CB report available for NDoH and each province		Due at end of project
<b>Tailored Technical Assistance to NDoH for DHMIS policy implementation</b>		
SOPs with Data Management Manual included accepted by NDoH	SOPs submitted by April	Drafts prepared in time - inputs obtained and will be finalised in September
Feedback report on DQ and performance feedback compiled and send out to provinces by NDoH on quarterly basis	9 reports per quarter	1st report compiled for 1st quarter and sent to all provinces and reported at NHISSA meeting with great success. Next report due in September 2012
Feedback report on DQ and performance feedback compiled and send out to districts by MP province on quarterly basis	3 districts per quarter	Provided to MP province by District for 1st quarter
Number of workshops conducted for NDoH HIMME cluster	7 NDOH workshops by June	7 workshops conducted for NDoH HIMME cluster as planned
Percentage increase in DQ (completeness and timeliness) of data in DHIS at NDoH for the period Jan - Aug 2012	Determined by NDOH	Will be determined with 2nd quarter report due in September

<p>Rapid DHIS provincial performance profiles on DQ and Program Performance available for MP for baseline and end of Aug 2012</p> <p>Number of supportive interventions conducted in MP</p> <p>% of MP districts with data completeness rate of 80% for selected routinely collected data elements at end August 2012</p>	<p>Profiles complete by Aug</p> <p>3 interventions per month</p> <p>80% data completeness on DOH selected indicators</p>	<p>Rapid DHIS performance profiles for baseline provided in May 2012</p> <p>Progress report due in September</p> <p>3 EBHM workshops conducted</p> <p>1 support visit for analysis of Patient Satisfaction Survey data</p> <p>1 support visit for completeness of data</p> <p>Will be determined in September report</p>
<p>Number of NHISSA meetings attended</p> <p>Number of NDoH supportive visits to provinces attended</p> <p>Number of HIS Task Team meetings attended</p>	<p>1 meeting per quarter</p> <p>1 provincial visit per month</p> <p>1 meeting per quarter</p>	<p>2 as per schedule from NDoH</p> <p>8 visits to provinces with NDoH</p> <p>2 HIS Task Team meetings attended</p>
End of project report available and distributed to NDoH, JSI and USAID		Due at end of project
<b>Support NDoH Data Quality Improvement activities</b>		
Relevant quality validation dimensions included in National DHIS DQ pivot tables	Pivot table enhancements completed	Awaiting NDOH approval for inclusion of pivot tables into DHIS
Draft NDoH DQ improvement strategy available	Draft Strategy submitted by Oct	NDOH reallocating tasks at HIS Task team
<b>Monitoring &amp; Reporting</b>		
<p>Number of documented models for monitoring and reporting</p> <p>Document with best practices on monitoring and reporting available</p>		Work in progress
End of project report available and distributed to NDoH, JSI and USAID		Work in progress

CAPACITY BUILDING – OVC M&E		
Indicator	Targets	Achievements
<b>Support development of Integrated MER System for HIV and AIDS Chief Directorate at DSD</b>		
Concept note drafted and submitted to CD: HIV and AIDS	Approved concept	Discussions taking place towards this activity. So far ESI has supported development of Prevention M&E plan.
Process Plan developed	Workshop held by April	Held in May
Proposed steps for indicator selection	Indicator sheets submitted by June	Ongoing, NAP indicators finalised, awaiting finalisation of the Prevention strategy.
Draft report with recommendations submitted to DSD	Plan submitted by June	Plan will only be drafted when all directorates have finalised their implementation strategies for implementation in April 2013
HR Development plan drafted and submitted	Plan submitted by August	Plan developed and workshopped with partners, awaiting DSD approval.
<b>Support continued strengthening of the NAP 2012-2016</b>		
NAP 2012-2016 M&E Framework developed	Revised framework submitted by May	In progress, awaiting finalisation of the NAP 2012-2016. Target revised to October
Concept proposal drafted and submitted to DSD	Training model submitted by June	Awaiting approval. DSD will begin procurement of TA in October to finish in March 2013
NAP 2012-2016 M&E Framework developed and indicators selected	Revise indicators by July & conduct baseline by Sept	Indicators revised, awaiting approval, baseline pending.
Tools disseminated to all users	Tools made available to all NACCA partners by July	Work will only commence in November depending on progress in the development of the new HCBC system
<b>Strengthening of the HCBC IT System to integrated NAP reporting</b>		
Report accepted by DSD	Audit report submitted by May	Completed, report submitted and accepted by DSD.
Contractor identified and contract signed off	Produce technical & functional specs by end October	Procurement completed and work already 6 weeks into implementation.

DECISION SUPPORT SYSTEMS		
Geographic Information Systems Support		
Average response time for fulfilling mapping requests	5 day turnaround on all requests	Responses provided on average 2 day turn around period, will be less if there are no queries raised with what has been provided
No. of tools developed, by type (e.g. Community Health Assessment)	1 tool per area by EOP	Developed mapping templates for the following highlighted
No. and type of GIS support assistance provided to SA government		Provide Support to DSD with Spatial data and requirements for spatially enabling their web applications
PIMS development complete as per user requirements specification document and handed over to USAID	PIMS complete by October	

